

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 26, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000012687

1. Entity Name
SOLID ROCK VENTURES, L.L.C.



Principal Place of Business
**4317 GENTLE KNOLL DR. N
JACKSONVILLE, FL 32258**

Mailing Address
**9838 OLD BAYMEADOW RD
#119
JACKSONVILLE, FL 32256**



02212005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0705683

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD.
SUITE 504
JACKSONVILLE, FL 32216**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FOSHEE, PAUL E
STREET ADDRESS	4317 GENTLE KNOLL DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32258
TITLE	MGRM
NAME	JOHNS, JAMES K
STREET ADDRESS	336 N ELVERTON PL
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	MGRM
NAME	VEON, ROBERT E
STREET ADDRESS	723 MAGNOLIA AVE
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000244714
02/26/05-80033-009 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Paul E. Foshee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/23/05

Date

904-403-5457

Daytime Phone #